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6.x and later products versions, select "None" in the "Page Scaling" selection is	oox in the Adobe "Print" dialog.
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** PUBLIC DISCLOSURE COPY **

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 Open to Public

▶ Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

Inspection

<u>A</u>	ror un	e 2014 calendar year, or tax year beginning 00N 1, 2014 and e	nuing 19	AI 31, 2013					
В	Check if applicable	e: C Name of organization		D Employer identifi	cation number				
	Addre								
	Name chang	Doing business as		46-5	565650				
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite						
	Final return	610 S. BOULEVARD		813-254-3369					
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	13,879,615.				
	Amen	IAMPA, Ph 55000		H(a) Is this a group re					
	Application pendi			for subordinates	s? Yes X No				
	-	610 S. BOULVERAD, TAMPA, FL 33606		H(b) Are all subordinates in	ncluded? Yes No				
		empt status: 501(c)(3)X 501(c)(4) ◀ (insert no.) 4947(a)(1) or	r 527	If "No," attach a	list. (see instructions)				
_		te: ► WWW.CONSERVATIVESOLUTIONSPROJECT.COM		H(c) Group exemption					
		organization: X Corporation Trust Association Other	L Year	of formation: 2014	M State of legal domicile; \mathbf{FL}				
P	art I	Summary							
é	1	Briefly describe the organization's mission or most significant activities: PROMO	TING	CONSERVATIV	E SOLUTIONS				
au		TO PUBLIC POLICY ISSUES AND TO ADVANCE CO							
ēru	1	Check this box if the organization discontinued its operations or dispose	ed of more	I					
હુ	3			3	3				
જ	4	Number of independent voting members of the governing body (Part VI, line 1b)			0				
Activities & Governance	1	Total number of individuals employed in calendar year 2014 (Part V, line 2a)			0				
⋛	6	Total number of volunteers (estimate if necessary)			15.				
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.				
	b	Net unrelated business taxable income from Form 990-T, line 34	·····	Prior Year	Current Year				
		Contributions and grants (Part VIII line 1b)		100,000.					
Jue	8	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		0.	0.				
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	15.				
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		100,000.					
	_	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
ý	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.				
Expenses	16a			0.	115,000.				
g	b	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 115,00	0.						
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		63.					
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		63.	2,152,201.				
	19	Revenue less expenses. Subtract line 18 from line 12		99,937.	11,727,414.				
Net Assets or Fund Balances	3		Be	ginning of Current Year	End of Year				
sets	20	Total assets (Part X, line 16)		99,937.	11,827,351.				
ABS	21	Total liabilities (Part X, line 26)		0.	0.				
	22	Net assets or fund balances. Subtract line 21 from line 20		99,937.	11,827,351.				
	art II	Signature Block							
		alties of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is				
true	e, correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of which	cn preparer	nas any knowledge.					
		Signature of officer		l Date					
Sig		'		Date					
He	re	PAT SHORTRIDGE, PRESIDENT Type or print name and title							
		,	- 11	Date Check	PTIN				
Pai	d	Print/Type preparer's name Preparer's signature ROBERT I. WATKINS, CPA		if					
	parer	Firm's name ROBERT WATKINS & COMPANY, P.A.		self-employ Firm's EIN ▶	59-2645714				
	Only	Firm's address 610 S. BOULEVARD		I IIIII S EIIV	JJ 2043/14				
-	. O.I.I.J	TAMPA, FL 33606		Phone no 81	3-254-3369				
Ma	v the II	RS discuss this return with the preparer shown above? (see instructions)		Li none no. O T	X Yes				
ivia	y 1110 H	no alougo and retain with the proparer onewit above: (see instructions)			103 140				

Page 2

<u>Form</u>	990 (2014) CONSERVAT	IVE SOLUTIONS P	ROJECT, INC.	46-5565650	Page 2
Pa	t III Statement of Program Service	e Accomplishments			
	Check if Schedule O contains a respor	nse or note to any line in this Pa	art III		
1	Briefly describe the organization's mission:	COLUMNOMO MO DI	IDI TA DAI TAY T	CCUEC AND TO	
	PROMOTING CONSERVATIVE				
	ADVANCE CONSERVATIVE P	RINCIPLES TO THE	E AMERICAN PEO	РБЕ.	
2	Did the organization undertake any significar	nt program services during the	vear which were not listed o		
_		nt program services daming the			X No
	If "Yes," describe these new services on Sch				
3	Did the organization cease conducting, or many		it conducts, any program s	ervices? Yes	X No
	If "Yes," describe these changes on Schedu	· · ·	, , , ,		
4	Describe the organization's program service	accomplishments for each of it	s three largest program ser	vices, as measured by expenses	S.
	Section 501(c)(3) and 501(c)(4) organizations	are required to report the amo	ount of grants and allocation	ns to others, the total expenses,	and
	revenue, if any, for each program service rep				
4a		4,500. including grants of \$) (Revenue \$)
	RESEARCH OF PUBLIC POL				,
	OPPORTUNITIES AND LEAD				~ ~=
	APPROACHES AND SOLUTION				
	DIFFERENT SEGMENTS OF				
	THE COUNTRY AND THE BE				TIVE
	POLICY SOLUTIONS ON IS HEALTHCARE, ETC.	SUES SUCH AS TA	KES, NATIONAL	SECURITY,	
	HEALTHCARE, ETC.				
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
	/- \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			\ /-	
4c	(Code:) (Expenses \$	including grants of \$ _		.) (Revenue \$	⁾
4d	Other program services (Describe in Schedu	le O.)			
	(Expenses \$ inclu	ding grants of \$) (Revenue \$)	
4e	Total program service expenses ►	1,624,500.			

Form 990 (2014) CONSERVATIVE Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			۱
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			37
_	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			1
		1/h		X
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	5		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
-	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
			000	

Form 990 (2014) CONSERVATIVE SOLUT Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	04		х
00		21		
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23	х	
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20		
2-1 0	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):		37	
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Х	37
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,		v	
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		x
24	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		x
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32		32		х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 02		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
•	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Series the number oported in Box 3 of Form 1006. Enter 0- if not applicable Ia S		Check if Schedule O contains a response or note to any line in this Part V			
b Enter the number of Forms W/20 included in line 1a. Enter-O-if not applicable 1b de organization comply with backup withhoding rules for reportable payments to vendors and reportable gamining (gambling) withing to prize winners? 2a Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements. [2a 0] b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b If the calendar year ending with or within the year covered by this return Note. If the sum of lines 1a and 2 is greater than 250, you may be required to efficie (see instructions) 3b If If **es, 1* and 1a sum of lines 1a and 2 is greater than 250, you may be required to efficie (see instructions) 3b If **es, 1* and 1a site of Form 990-If for this year? If *No, 1* of line 8), provide an explanation in Schedule 0 3b If **es, 1* and 1a site of Form 990-If for this year? If *No, 1* of line 8), provide an explanation in Schedule 0 3c If **es, 1* of the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5c If **es, 1* of the organization and party to a prohibited tax shafter transaction at any time during the tax year? 5c If **es, 1* of the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles of the shafted in the organization solicit any contributions that were not tax deductibles a shartable contributions? 5c If **es, 1* of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a shartable contributions? 5c If **es, 1* of the organization shart may receive deductible contributions or gifts were not tax deductibles a shartable contributions? 5c If **es, 1* of the organization shart may receive deductible or the organiz				Yes	No
b Enter the number of Forms W-26 included in line 1a. Enter 0- if not applicable	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
Column Complete Complete Complete Complete Complete Column Complete Column					
gamblingly winnings to prize winners? 2					ĺ
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, fleed for the calendar year ending with or within the year oevered by this return. 1b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Is the comparation have unreated business gross income of \$1,000 or more dumping the year? 3a Is If If Yea, *Institute of ending the calendary ear, did the organization for explanation in Schedule O 3b If Yea, *Institute of ending the calendary ear, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a If Yea, *Institute the name of the foreign country. ► 5b If Yea, *Institute the name of the foreign country. ► 5c Is If Yea, *Institute the mane of the foreign country. ► 5c Is If Yea, *Institute the organization than it was or is a party to a prohibited tax shelter transaction? 5c Is If Yea, *Institute the organization than it was or is a party to a prohibited tax shelter transaction? 5c Is If Yea, *Institute the organization than it was or is a party to a prohibited tax shelter transaction? 5c Is If Yea, *Institute the organization than it was or is a party to a prohibited tax shelter transaction? 5c Is If Yea, *Institute the organization than it was or is a party to a prohibited tax shelter transaction? 5c Is If Yea, *Institute the organization than it was or is a party to a prohibited tax shelter transaction? 5c Is If Yea, *Institute the organization than it was or is a party to a prohibited tax shelter transaction? 5c If Yea, *Institute the organization than it was or is a party to a prohibited tax shelter transaction? 5c If Yea, *Institute the organization than it was or is a party to a prohibited tax shelter transaction? 5c If Yea, *Institute the o			1c	Х	
tiled for the calendary year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b	2a				
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Az Az my time during the calendary year, did the organization have unrelated business gross income of \$1,000 or more during the year of the form \$90.1 for this year? If "No," to line 3b, provide an explanation in Schecule 0 3b Did and the form \$90.1 for this year? If "No," to line 3b, provide an explanation in Schecule 0 4b If "Yes," there the name of the foreign country (such as a bank account, securities account, or other financial account)? 4b If "Yes," there the name of the foreign country (such as a bank account, securities account, or other financial account)? 5b If "Yes," the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c If "Yes," to line 5a or 5b, did the organization line Form \$886*17 6c If "Yes," to line 5a or 5b, did the organization line Form \$886*17 6d Does the organization set where year petits that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that many receive deductible contributions under section 170(c). 8d If "Yes," did the organization neceive a parment in excess of 57 made parity as a contribution of cyloradization receive a parment in excess of 57 made parity as a contribution of cyloradization receive a parment in excess of 57 made parity as a contribution of cyloradization receive a parity funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c If If the organization received any funds, directly or indirectly, to pay premiums on a					ĺ
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3	b		2b		1
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 4b if "Yes," has it filed a Form 9907 for this year? If "No," to line 3b, provide an explanation in Schedule 0 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5c if "Yes," the time the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5c if "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited to a shelter transaction at any time during the tax year? 5c if "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c if "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c if "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited to shelt the organization solicit any contributions that were not tax deductible as charitable contributions? 6c if yes, "to lid the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c organization shat may receive deductible contributions under section 170(c). 8d if Yes," indicate the number of Forms 8282 filed during the year 9 organization selved a payment in excess of \$75 made party as a contribution of under the year of the organization neceive apyment in excess of \$75 made party as a contribution of under the year of the organization neceive apyment in excess of \$75 made party as a contribution of the year of the year of the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization feel of the year of the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization					
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f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves on hand c Enter the amount of reserves on hand	d	If "Yes," indicate the number of Forms 8282 filed during the year			
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h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12	f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
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sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 110b Did Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a Did Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 11b Did Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c Did the organization receive any payments for indoor tanning services during the tax year? 14a X	h		7h		
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organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	h	·			
c Enter the amount of reserves on hand					
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	c				
		Pid the second of the second o	14a		X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	to line oa, ob, or rob below, describe the circumstances, processes, or changes in schedule of see instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	۲		
<i>1</i> u		7a		Х
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	l la		
D		76		Х
_	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		22
8			Х	
	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			37
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	iou		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	and the second s	16b		
<u>Sac</u>	exempt status with respect to such arrangements?tion C. Disclosure	100		
17		oveile!	Jo.	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avallab	ile	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	ROBERT WATKINS & CO., P.A 813-254-3369			
	610 S. BLVD, TAMPA, FL 33606			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

X

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization		orga	aniza			npe	nsat	T	director, or trustee.	1
(A)	(B)			((C)			(D)	(E)	(F)
Name and Title	Average	(do	Position of the check mo		more than one		one	Reportable	Reportable	Estimated
	hours per	box	oox, unless persor officer and a direct			on is both an		compensation	compensation	amount of
	week	\vdash	Jer ar	iu a u	recio)r/trus	iee)	from	from related	other
	(list any	ecto						the	organizations	compensation
	hours for	or dir	يو			ated		organization	(W-2/1099-MISC)	from the
	related	stee	ruste		au	bens		(W-2/1099-MISC)		organization
	organizations	al tru	onal t		loye	comi				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	rmer			organizations
(1) PAT SHORTRIDGE	20.00	드	드	5	조	王旨	요			
DIRECTOR/PRESIDENT		x		x				45,000.	0.	0.
(2) WARREN TOMPKINS	30.00								-	-
DIRECTOR		Х						0.	0.	0.
(3) JOEL MCELHANNON	10.00									
DIRECTOR		Х						0.	0.	0.
(4) CLETA MITCHELL	0.10			l						
SECRETARY	0.10			Х				0.	0.	0.
(5) ROBERT WATKINS	0.10	-		x				0.	0.	0.
TREASURER				^				0.	0.	0.
		-								
				\vdash		-				
					I			1	l .	

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Fai	Section A. Officers, Directors, Trus	tees, Key Em	ploy	<u>rees</u>	, an	a Hi	gne	st C	compensated Employe	es (continuea)				
	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average	(do		Pos			nne.	Reportable	Reportable		Es	timate	ed
		hours per	(do not check more than one box, unless person is both an officer and a director/trustee)		compensation	compensatio	n	an	nount	of				
		week	offic	cer an	nd a d	lirecto	or/trus	tee)	from	from related	ı		other	
		(list any	ector						the	organizations		com	pensa	tion
		hours for	r dji	43			ted		organization	(W-2/1099-MIS	3C)	fr	om th	е
		related	stee (ruste		l	eusa		(W-2/1099-MISC)				anizat	
		organizations	al tru	onal t		loyee	comp						d relat	
		below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizati	ons
		iii ie)	트	lus	₩	Ş.	e Hig	혼			\rightarrow			
			ł											
			-											
			-											
			L											
			-											
			L											
1b	Sub-total							<u> </u>	45,000.		0.			0.
С	Total from continuation sheets to Part V								0.		0.			0.
d	Total (add lines 1b and 1c)		<u></u>						45,000.		0.			0.
2	Total number of individuals (including but n	ot limited to th	iose	liste	ed al	bove	e) wł	o r	eceived more than \$100	,000 of reportabl	e			
	compensation from the organization												· ·	0
_	5.11										ı		Yes	No
3	Did the organization list any former officer,											_		v
	line 1a? If "Yes," complete Schedule J for s											3		<u> </u>
4	For any individual listed on line 1a, is the su	-		-					•	the organization				37
_	and related organizations greater than \$150											4		<u>X</u>
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	-				-		elat	ted organization or indivi	dual for services		5	Х	
Sec	tion B. Independent Contractors	piete Scriedur	2 J 1	OF SI	ucn	pers	SOII .					5	21	
1	Complete this table for your five highest co										pens	ation 1	rom	
	the organization. Report compensation for	the calendar y	ear e	endi	ng v	vith	or w	ithir	n the organization's tax y	year.				
	(A) Name and business	address							(B) Description of s	ervices	С	Ompe	;) nsatio	n
OP'	TIMUS CONSULTING, LLC,	611 PE	N	SYI	LVZ	AN:	ΙA	1	•			•		
	E., SE, #269, WASHINGTO							þ	RESEARCH & P	OLLING	1	,42	0,0	00.
			—					\dashv						
			_											
-								\dashv						
								- 1						

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

			,	RVATIVE	SOLUTIONS	PROJECT,	INC.	46-5565	650 Page 9
Pa	rt V	Ш	Statement of Reven	nue					
			Check if Schedule O conta	ains a response	or note to any line				
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts nts	1	а	Federated campaigns	1a					
e i			Membership dues						
Am Am			Fundraising events						
<u>a</u> =			Related organizations						
Ĭ,Š		е	Government grants (contributi	ions) 1e					
± Se		f	All other contributions, gifts, grant	ts, and					
ᅙᇵ			similar amounts not included above	/e 1f	13,879,600.				
Contributions, Gifts, Grants and Other Similar Amounts		g	Noncash contributions included in lines	1a-1f: \$					
<u> </u>		h	Total. Add lines 1a-1f			13,879,600.			
					Business Code				
<u> </u>	2	а							
e ⊆		b							
e S		С							
Ra		d							
Program Service Revenue		е							
_			All other program service reve						
		g	Total. Add lines 2a-2f						
	3		Investment income (including	*	<i>'</i>	15.		15.	
	4		other similar amounts)			15.		15.	
	4		Income from investment of tax		·				
	5		Royalties	(i) Real	(ii) Personal				
	6	2	Gross rents		(II) Personal				
			Less: rental expenses						
			Rental income or (loss)						
			Net rental income or (loss)		•				
			Gross amount from sales of	(i) Securities	(ii) Other				
	'	а	assets other than inventory	(i) Securities	(II) Other				
		h	Less: cost or other basis						
		~	and sales expenses						
		С	Gain or (loss)						
			Net gain or (loss)		•				
ø)			Gross income from fundraising	a events (not					
ň			including \$	-					
eve			contributions reported on line						
μ			Part IV, line 18	а					
Other Revenue		b	Less: direct expenses						
U		С	Net income or (loss) from fund	Iraising events					
	9	а	Gross income from gaming ac	tivities. See					
			Part IV, line 19						
		b	Less: direct expenses	b					
			Net income or (loss) from gam						
	10	а	Gross sales of inventory, less						
			and allowances						
			Less: cost of goods sold						
		С	Net income or (loss) from sales						
			Miscellaneous Revenue	e	Business Code				
	11								
		b			 				
		C	All able on new contract		 				
			All other revenue						
		e	Total. Add lines 11a-11d		🖊 📗				

13,879,615.

0.

Total revenue. See instructions.

15.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (B) (C) (A) Do not include amounts reported on lines 6b, Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 Payroll taxes 10 Fees for services (non-employees): 11 314,500. 314,500. a Management 52,158. 52,158. Legal 13,301. 13,301. Accounting Lobbying 115,000. 115,000. Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 127,500. 127,500. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 Office expenses 13 14 Information technology 15 Royalties 16 Occupancy 25,699. 25,699. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) RESEARCH & POLLING 1,497,000. 1,497,000. BANK CHARGES 6,959. 6,959. PRINTING 52. 52. 32. POSTAGE 32. e All other expenses 2,152,201. 1,624,500. 412,701. 115,000. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) End of year Beginning of year 11,827,351. 99,937. Cash - non-interest-bearing 1 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 Accounts receivable, net **5** Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L Assets 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D _____ 10a b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 99,937. 11,827,351. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, _iabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 25 Schedule D 0. 0. Total liabilities. Add lines 17 through 25 26 complete lines 27 through 29, and lines 33 and 34. **Net Assets or Fund Balances** Unrestricted net assets 27 27 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 0. Capital stock or trust principal, or current funds 0. 30 0. 31 Paid-in or capital surplus, or land, building, or equipment fund 11,827,351. 99,937. Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

Form **990** (2014)

11,827,351.

11,827,351.

32

33

99,937.

99,937.

32

33

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				Ш.
1 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments	1 2 3 4 5 6 7 8	13,87 2,15 11,72	9,6 2,2 7,4	01. 14. 37.
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	11,82	7,3	51.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Щ
1	Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule		-	Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?		2b		Х
С	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e basis,			
-	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir				
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2014)

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 ·

OMB No. 1545-0047

Name of the organization

Employer identification number

CONSERVATIVE SOLUTIONS PROJECT, INC. 46-5565650

Organization type (chec	sk one):
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(4) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
	on is covered by the General Rule or a Special Rule. 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
X For an organiza	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
sections 509(a) any one contrib	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from outor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, EZ, line 1. Complete Parts I and II.
year, total cont	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for of cruelty to children or animals. Complete Parts I, II, and III.
year, contributi is checked, ent purpose. Do no	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ons exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box er here the total contributions that were received during the year for an exclusively religious, charitable, etc., of complete any of the parts unless the General Rule applies to this organization because it received nonexclusively able, etc., contributions totaling \$5,000 or more during the year
ū	on that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization Employer identification number

CONSERVATIVE SOLUTIONS PROJECT, INC.

46-5565650

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Name, address, and Zir + +	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>13,500,000</u> .	Person X Payroll
(a)	(b)	(c)	(d)
No. <u>4</u>	Name, address, and ZIP + 4	Total contributions \$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	Humo, dudi ess, dilu Eli ^e T T	\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

CONSERVATIVE SOLUTIONS PROJECT, INC.

46-5565650

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$100,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$19,600.	Person X Payroll
(a)	(b)	(c)	(d)
No. 10	Name, address, and ZIP + 4	* 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Training additions and En TT	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

CONSERVATIVE SOLUTIONS PROJECT, INC.

46-5565650

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Name of organization Employer identification number 46-5565650 CONSERVATIVE SOLUTIONS PROJECT, Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form 990.

OMB No. 1545-0047

2014

Open to Public Inspection
Employer identification number

Name of the organization

CONSERVATIVE SOLUTIONS PROJECT, INC. 46-5565650

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not

Part I Fundraising Activities required to complete this pa	5. Complete if the organization answort.	wered "Y	'es" to	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
 1 Indicate whether the organization ra a Mail solicitations b Internet and email solicitation c Phone solicitations d X In-person solicitations 2 a Did the organization have a written key employees listed in Form 990, I b If "Yes," list the ten highest paid incompensated at least \$5,000 by the 	e Solicit f Solicit g Speci or oral agreement with any individu Part VII) or entity in connection with dividuals or entities (fundraisers) pu	tation of tation of ial fundra ual (includ n profess	non-g gover iising ding o ional t	overnment grants rnment grants events fficers, directors, tru fundraising services	stees or	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or con contribu	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
ANNA ROGERS, INC 419 12TH		Yes	No			
STREET, NE, WASHINGTON, DC	FUNDRAISING CONSULTING		Х	3,610,000.	95,000.	3,515,000.
ANDREA J. BYARS - 171 CARRIAGE HILL DRIVE,	FUNDRAISING CONSULTING		Х	50,000.	5,000.	45,000.
THE GULA GRAHAM GROUP - 499 S CAPITOL ST SW #420,	FUNDRAISING CONSULTING		Х	50,000.	15,000.	35,000.
Total 3 List all states in which the organizati or licensing.	on is registered or licensed to solic	it contrib	▶	3,710,000. s or has been notified		<u> </u>

Schedule G (Form 990 or 990-EZ) 2014 CONSERVATIVE SOLUTIONS PROJECT, INC. Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events (add col. (a) through col. (c)) (total number) (event type) (event type) Revenue 1 Gross receipts 2 Less: Contributions **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____ Yes ____ No **b** If "Yes," explain: ___

Schedule G (Form 990 or 990-EZ) 2014 CONSERVATIVE SOLUTIONS PROJECT, INC.	46-5565650 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity form	ed
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a %
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and	
Name ▶	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue	? Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the	amount
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party:	
Name ▶	
Address	_
16 Gaming manager information:	
Name ▶	
Gaming manager compensation ▶ \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or s	
organization's own exempt activities during the tax year > \$	pont in the
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v),	and Part III. lines 9. 9b. 10b. 15b.
15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUN	DRAISERS:
(I) NAME OF FUNDRAISER: ANNA ROGERS, INC.	
(I) ADDRESS OF FUNDRAISER: 419 12TH STREET, NE, WASHINGTO	N, DC 20002
(I) NAME OF FUNDRAISER: ANDREA J. BYARS	
(I) ADDRESS OF FUNDRAISER: 171 CARRIAGE HILL DRIVE, LEXIN	GTON, SC 29072
<u></u>	
(I) NAME OF FUNDRAISER: THE GULA GRAHAM GROUP	

Sched	ule G (Form 990 IV Supple	or 990-	EZ)	CONS	SERV	ATI	VE	SOLUTIO)NS	PRO	JECT,	INC.	46-5	<u> 55656</u>	50 Page 4
Part	Supple	ementa	ai intori	mation	(conti	inued)									
<u>(I)</u>	ADDRESS	OF	FUNDI	RAISE	ER:	499	S	CAPITOI	ST	SW	#420,	WASH	INGTON	, DC	20003

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

► Attach to Form 990.

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Inspection

Employer identification number

OMB No. 1545-0047

Open to Public

Name of the organization

Department of the Treasury Internal Revenue Service

> CONSERVATIVE SOLUTIONS PROJECT, INC.

46-5565650

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	X First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		Х
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	Х	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		1

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2014

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(B)(I)-(U)	reported as deferred in prior Form 990
(1) PAT SHORTRIDGE	(i)	45,000.	0.	0.	0.	0.	45,000.	0.
DIRECTOR/PRESIDENT	(ii)	0.	0.	0.	0.	0.		
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
-	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A

LISTED PERSON: PAT SHORTRIDGE

AMOUNT AND TYPE OF BENEFIT: \$1,018,FIRST CLASS TRAVEL

NUMBER OF LISTED PERSONS THAT RECEIVED THE BENEFIT: 1

THE TOTAL BENEFIT WAS TREATED AS A REIMBURSEMENT OF EXPENSES.

LISTED PERSON: JOEL MCELHANNON

AMOUNT AND TYPE OF BENEFIT: \$736, FIRST CLASS TRAVEL

NUMBER OF LISTED PERSONS THAT RECEIVED THE BENEFIT: 1

THE TOTAL BENEFIT WAS TREATED AS A REIMBURSEMENT OF EXPENSES.

FORM 990, PART VII, SECTION A, LINE 5

PAT SHORTRIDGE, DIRECTOR/PRESIDENT, IS THE SOLE OWNER OF PCS

CONSULTING, LLC. DURING THE TAX YEAR, PCS CONSULTING, LLC. WAS PAID

\$82,500 FOR MANAGEMENT SERVICES THAT IT PROVIDED TO THE ORGANIZATION.

SCHEDULE L

Transactions With Interested Persons

(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

Employer identification number 46-5565650 CONGERVATIVE COLUMNIC DROTECT TNC

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Part I	Excess Bene	efit Transa	actio	ons (section 50)1(c)(3	3), sect	ion 501(c)(4), and 50	01(c))(29) organizatior	s only	′).				
	Complete if the o	organization	answ	vered "Yes" on I	Form 9	990, Pa	art IV, line 25a or 25l	b, or	r Form 990-EZ, P	art V, I	ine 40)b			
1 (2) No	me of disqualified p		(b) R	elationship betv			lified	-) D	acceiption of tran	aaatia	_		(d)	Corre	cted?
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											\$				
3 Enter	the amount of tax,	if any, on lin	e 2, a	above, reimburs	ed by	the or	ganization				> \$				
Part II	Loans to and	d/or From	Int	arested Per	eone	:									
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	•	•					, Part V, line 38a or	Forn	n 990, Part IV, IIn	e 26;	or II tr	ie orga	nizatio	on	
1.	reported an amo a) Name of	(b) Relations		(c) Purpose		an to or	(e) Original	/4	f) Balance due	(a)	In	(h) App	roved	/i\ W	ritten
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Part III	_			•											
	Complete if the o		answ	vered "Yes" on F	Form 9	990, Pa			1						
(a) N	lame of interested p	person	(b) Relationship			(c) Amount of		(d) Type					ose of	f
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2014

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

CONSERVATIVE SOLUTIONS PROJECT, INC.

Employer identification number 46-5565650

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE AMERICAN PEOPLE. FORM 990, PART VI, SECTION B, LINE 11: NO SUCH REVIEW WAS OR WILL BE CONDUCTED. FORM 990, PART VI, SECTION B, LINE 12C: ALL AGREEMENTS TO PAY COMPENSATION TO BOARD MEMBERS OR ENTITIES ASSOCIATED WITH BOARD MEMBERS WERE FULLY DISCLOSED TO THE BOARD AND ANY BOARD MEMBER RECEIVING COMPENSATION FOR SERVICES NOTED THE FINANCIAL INTEREST AND DID NOT PARTICIPATE IN THE BOARD DECISION RELATED TO THAT AGREEMENT OR ARRANGEMENT. FORM 990, PART VI, SECTION C, LINE 19: THESE DOCUMENTS ARE NOT MADE AVAILABLE TO THE PUBLIC FORM 990, PART VII, SECTION A JOEL MCELHANNON, DIRECTOR, IS A PARTNER OF PARLAY POLITICAL, LLC. DURING THE TAX YEAR, PARLAY POLITICAL, LLC. WAS PAID \$84,500 FOR MANAGEMENT AND RESEARCH SERVICES THAT IT PROVIDED TO THE ORGANIZATION. WARREN TOMPKINS, DIRECTOR, IS THE OWNER OF J WARREN TOMPKINS, INC. DURING THE TAX YEAR, J WARREN TOMPKINS, INC. WAS PAID \$137,500 FOR MANAGEMENT SERVICES THAT IT PROVIDED TO THE ORGANIZATION.

Name of the organization CONSERVATIVE SOLUTIONS PROJECT, INC.	Employer identification number 46-5565650
THE TAX YEAR, FOLEY & LARDNER, LLP. WAS PAID \$52,158 FOR	LEGAL SERVICES
THAT IT PROVIDED TO THE ORGANIZATION.	
ROBERT WATKINS, TREASURER, IS A STOCKHOLDER/OFFICER OF RO	BERT WATKINS &
COMPANY, P.A., A CERTIFIED PUBLIC ACCOUNTING FIRM. DURING	THE TAX YEAR,
ROBERT WATKINS & COMPANY, P.A. WAS PAID \$13,301 FOR ACCOU	NTING, TAX
COMPLIANCE AND ADMINISTRATIVE SERVICES THAT IT PROVIDED T	O THE
ORGANIZATION.	

Form 886	68 (Rev. 1-2014)					Page 2	
• If you a	are filing for an Additional (Not Automatic) 3-Month Ex	ctension, c	complete only Part II and check this	s box		X	
Note. On	ly complete Part II if you have already been granted an	automatic	3-month extension on a previously f	iled Form	8868.		
	are filing for an Automatic 3-Month Extension, comple						
Part II				al (no co	opies ne	eded).	
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Type or	Name of exempt organization or other filer, see instru	ictions.		Employe	lueritilicat	ion number (EIN) or	
print	CONCEDIATIVE COLUMNONS DROT	ਦ ੁ⊂ਾ '	TNC		16-5	565650	
File by the due date for	CONSERVATIVE SOLUTIONS PROJ						
filing your	Number, street, and room or suite no. If a P.O. box, s	Social se	curity num	ber (SSN)			
return. See	610 S. BOULEVARD						
instructions.	City, town or post office, state, and ZIP code. For a f	oreign add	Iress, see instructions.				
	TAMPA, FL 33606						
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Applicati	on	Return	Application			Return	
Is For		Code	Is For			Code	
	or Form 990-EZ	01					
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	20 (individual)	03	Form 4720 (other than individual)			09	
Form 990	· · · · · · · · · · · · · · · · · · ·	03	Form 5227			10	
			Form 6069			<u> </u>	
	0-T (sec. 401(a) or 408(a) trust)	05				11	
	0-T (trust other than above)	06	Form 8870	: . 	-I F 00	12	
STOP! DO	o not complete Part II if you were not already granted			iously file	ed Form 88	368.	
	ROBERT WATKINS						
	poks are in the care of \triangleright 610 S. BLVD –	TAMPA		~ ~			
	none No. ► 813-254-3369		Fax No. ▶ 813-254-32				
	organization does not have an office or place of busines						
• If this	is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) I	f this is fo	r the whole	group, check this	
box 🕨	. If it is for part of the group, check this box 🕨 📖	and atta	ich a list with the names and EINs of	all memb	ers the ext	ension is for.	
4 I re	quest an additional 3-month extension of time until		L 15, 2016 .				
5 For	calendar year , or other tax year beginning	JUN 1	, 2014 , and endin	g MAY	31,	2015 .	
6 If th	ne tax year entered in line 5 is for less than 12 months, o	check reas	on: Initial return	Final r	eturn		
	Change in accounting period						
7 Sta	te in detail why you need the extension						
ΑI	DDITIONAL TIME IS REQUIRED T	O OBT	AIN ADDITIONAL INF	ORMAT	ION W	HICH IS	
NE	CESSARY IN ORDER TO FILE A	COMPL	ETE AND ACCURATE R	ETURN			
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Under pen it is true, c	alties of perjury, I declare that I have examined this form, incluc orrect, and complete, and that I am authorized to prepare this f	aing accomp orm.	panying schedules and statements, and to	the best o	t my knowle	age and belief,	
Signature	► Title ►	PRESI	DENT	Date	<u> </u>		
					Form	8868 (Rev. 1-2014)	